IEPS IRIS

Program:	FRA	**Grant Start Date:**	
Project:		**Grant End Date:**	
Award #:		**Final Report Due Date:**	
Project Director:		**Submit Date:**	
		Amount:	$ 0

Project Information	Additional User	Fellow Administration	View/Submit Report

Project Information

Review and edit the project information and contact information for the project director. To change the name or email of your project director, contact your program officer for assistance.

* Required fields

Name:

Title: [   ]

Street: * [   ]

Street 2: [   ]

City: * [   ]

State: [Select one ▼]

Postal code: * [   ]

Phone: * [   ]

Fax: [   ]

Email:

Web address: [   ]

Home institution:

Project title: * [   ]

World area:

Program officer: ()

These items are populated from your fellows' information.

■ **Languages** *

■ **Countries** *

■ **Disciplines** *

[Save]   [Save and Continue]

IEPS IRIS

Program: FRA	**Grant Start Date:**
Project:	**Grant End Date:**
Award #:	**Final Report Due Date:**
Project Director:	**Submit Date:**
	Amount: $ 0

Project Information	Additional User	Fellow Administration	View/Submit Report

Additional Users

To add a user with permission to edit reports for this project, enter the person's first name, last name and email address. The system will email login information to each added user.

To remove a user, clear the fields and click "Save."

* Required fields

First Name *	Last Name *	Title	Phone	Email *

Save

International Education Programs Service
U.S. Department of Education
Office of Postsecondary Education
1990 K Street, N.W., Washington, DC 20006-8521
Phone: (202) 502-7700

Program: FRA	**Grant Start Date:**
Project:	**Grant End Date:**
Award #:	**Final Report Due Date:**
Project Director:	**Submit Date:**
	Amount: $ 0

Home | Update Password | Contact Us | Help | Logoff

Project Information	Additional User	Fellow Administration	View/Submit Report

Create a Fellow

Create a record for each fellowship awarded as early as possible in the award cycle.

First name: * [   ]

Last name: * [   ]

Email address: * [   ]

Fellowship start date: * [   ] (mm/dd/yyyy format)

Fellowship end date: * [   ]

Fellow report due date: * [   ]

Fellow's Fulbright-Hays FRA budget: * $ [   ]

World area: * [Select one ▼]

Number of trips: * [   ] (FRA Funds may only be used for one round trip.)

[Save]   [Save and Return to List]

Home | Update Password | Contact Us | Help | Logoff

International Education Programs Service
U.S. Department of Education
Office of Postsecondary Education
1990 K Street, N.W., Washington, DC 20006-8521
Phone: (202) 502-7700

Program: FRA	**Grant Start Date:**
Institution:	**Grant End Date:**
Project:	**Final Report Due Date:**
Award #:	**Submit Date:**
Project Director:	**Amount:** $ 0

Home | Update Password | Contact Us | Help | Logoff

Project Information	Additional User	Fellow Administration	View/Submit Report

Grant Activation Request

For each fellow, complete and submit a Grant Activation Request to IEPS for approval. Click the "Submit to IEPS" button at the bottom of the page to submit the GAR. You may update the information on this page after it is submitted until the GAR is approved by your program officer. To make changes to an approved GAR, contact your program officer.

Grant activation requests MUST be submitted to IEPS at least 30 days prior to departure.

* Required fields

Fellow's name:

	Research Countries	Duration of Stay in Months	Research Visa Status *	Visa Issued Date	Research Permission Status *	Research Permission Issue Date	Embassy Notification Date	Fulbright-Hays FRA Funds Requested (check one)
Primary *	Select one		◌ Issued ◌ NA		◌ Received ◌ NA			€
	Select one		◌ Issued ◌ NA		◌ Received ◌ NA			€
	Select one		◌ Issued ◌ NA		◌ Received ◌ NA			€
	Select one		◌ Issued ◌ NA		◌ Received ◌ NA			€
	Select one		◌ Issued ◌ NA		◌ Received ◌ NA			€
	Select one		◌ Issued ◌ NA		◌ Received ◌ NA			€
	Select one		◌ Issued ◌ NA		◌ Received ◌ NA			€

NA = Not Applicable   Enter all dates in mm/dd/yyyy format.

Comments: (limit 1,000 characters and spaces)

◼ **Research Involving Human Subjects - IRB Approval**

◌ Required   * Exemption number   Approval date

                      (mm/dd/yyyy)

             OR

            * Assurance of compliance number   Expedited review date

jn Not required

■ **Fellow's Departure Itinerary**

This is the itinerary for traveling to the host countries. **Enter the itinerary for which you are requesting Fulbright-Hays FRA funds.** The departure itinerary may be left blank if the fellow is already in-country.

Departure Date (mm/dd/yyyy)	From City	From State or Country	Arrival Date (mm/dd/yyyy)	To City	To State or Country	Airline/Flight Number

■ **Fellow's Return Itinerary**

This is the itinerary for traveling from the host countries. **Enter the itinerary for which you are requesting Fulbright-Hays FRA funds.**

Departure Date (mm/dd/yyyy)	From City	From State or Country	Arrival Date (mm/dd/yyyy)	To City	To State or Country	Airline/Flight Number

Save	Save and Return to List	Submit to IEPS